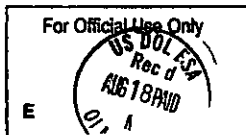


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U	2 Fiscal Year Covered From. 01/01/2004 Through 12/31/2004
3 Name and address of person filing Name Joanne H Barts P O Box Bldg Room No if any % Actors' Equity Assn Street 165 West 46 Street City New York State NY ZIP Code +4 10036	4 Name file number and address of labor organization Name Actors' Equity Association Labor Organization File Number 006-029 P O Box, Building and Room Number if any Street 165 West 46 Street City New York State NY ZIP Code +4 10036
5 Position in labor organization Eastern Regional Chorus Councilor	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Kevin McCollum Trade Name if any The Producing Office P O Box, Bldg Room No if any Street 145 West 45th Street City New York State NY ZIP Code +4 10036	7.a. Nature of Interest, Transaction or Income. To fulfill my obligation as a Tony Voter for the annual Tony Awards I received two complimentary tickets (plus accompanying promotional material) to attend A new Q The producers who provided the tickets were obligated by the American Theatre Wing (the non profit organization that oversees these awards) to provide the tickets to all Tony Voters (including many management representatives) in order to be nominated under Tony Rules 7.b. Amount potential street value of about \$190.00

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed <u>Joanne H Barts</u>	On <u>8/12/2005</u> <u>212-869-8530</u> Date Telephone Number